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0	~ wig _ s	"Express Mail" mailing label No. <u>EV 348015308</u>	g deposited with the United States Postal Services and TR 1.10 on the date indicated above and s, Washington, D.C. 20231.
HIII	0.5000	Date of Deposit June 10, 2003	g deposited with the United States Postal Service
7 30	ي الم	"Express Mail Post Office to Addressee" service unde	g deposited with the United States Postal Services as 7 CFR 1.10 on the date indicated above and s, Washington, D.C. 20231.
PATEN	78 TRATES	is addressed to the Assistant Commissioner for Patents	s, Washington, D.C. 20231.
		Ron Cada (Typed or printed name of person mailing paper or fee	<u> </u>
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		(Signature of person mailing paper or fee)	8
		(organizate of person maning paper or ree)	Patent Attorney's Docket No. <u>033052-004</u>
		IN THE UNITED STATES PATEN	T AND TRADEMARK OFFICE
		In re Patent Application of)
		Zhang, et al.) Group Art Unit: 1614
ر	Applic	ation No.: 09/892,327	Examiner: Weddington, Kevin E.
•	Filed:	June 26, 2001	Confirmation No.: 1920
l	For:	Novel Compounds Possessing Antibacterial, Antifungal or Antitumor Activity))))
		REQUEST FOR CONTIN TRANSMITT	
	Comm P.O. E	issioner for Patents Box 1450 adria, VA 22313-1450	21839
	Sir:		·
	the [X	Applicant(s) requests continued examination [] \$375.00 (2801) [] \$750.00 (1801) fee du	
	1.	is requested: [] Consider the amendment(s)/reply under	er 37%C.F.R. § 1.116 previously filed on Brief or Reply Brief previously filed on
06/13/2003	2. MAHHED1 0	The following documents are enclosed with [] Amendment/Reply. [] Affidavit(s)/Declaration(s). 00000041 09892327	this submission:
01 FC:2801		375.00 OP	09/20/3 :95:33%



Request for Continued Examination Transmittal Letter
Application No. 09/892,327
Attorney's Docket No. 033052-004
Page 2

[X]	Information	Disclosure	Statement	(IDS)
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- [X] Other: PTO form 1449 and copies of 10 cited documents
- 3. [X] Small entity status is hereby claimed.
 - [X] No additional claim fee is required.
 - [X] The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

		CLA	I M S		
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Basic Fee					\$750.00 (1001)
Total Claims	39	MINUS 48 =	0	× \$18.00 (1202) =	0
Independent Claims	6	MINUS 6 =	0	× \$84.00 (1201) =	0
If multiple dependent	claims are p	resented, add \$280.0	00 (1203)		
Total Fee					
If small entity status i	s claimed, su	btract 50% of Total	Fee		
TOTAL FEE DUE				0	

4.	[X]	A check in the amount of \$ 3/5.00 is eliclosed for the fee due.
5.	[]	Charge \$ to Deposit Account No. 02-4800 for the fee due.
6.	[]	Applicant(s) requests suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

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Page 3

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: June 10 2003

By:

Julie L. Heinrich

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